

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>HAMILTON COUNTY TAXPAYER ASSOC PAC</u>	
IMPORTANT: Indicate type of committee you are reporting for: <u>5</u> (1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support State of Candidates	

CANDIDATE COMMITTEES ONLY:	
Candidate Name	Political Party
Office Sought	District (if Senate or House)
<u>INFLUENCE COUNTY HOSPITAL BOARD</u>	

Hamilton

FORM DR-2 (Rev. 05/2002)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>25055</u>
Indexed	<u>KH</u>
Audited	
Computer	<u>05</u>

JAN 15 2003

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A COUNTY PAC REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,100.00

Schedule F: Loans Received total (Attach Schedule F)

3393.34

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

4493.34

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

4213.17

Schedule F: Loan Repayments total (Attach Schedule F)

200.17

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 0

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 3113.17

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES X NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

HAMILTON COUNTY TAXPAYERS ASSOC PAC

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/24/02	ID# CK#	MAX NEDVED 2042 CHASE AVE WEBSTER CITY IOWA 50595	NA	\$ 100 ⁰⁰	
10/24/02	ID# CK#	SUE CULBERTSON 810 WEBSTER ST WEBSTER CITY IOWA 50595		25 ⁰⁰	
10/24/02	ID# CK#	PAT MERRILL 1919 175th ST. WEBSTER CITY IOWA 50595		100 ⁰⁰	
10/24/02	ID# CK#	DORIS MERRILL 2105 LISA DRIVE WEBSTER CITY, IOWA 50595		100 ⁰⁰	
10/24/02	ID# CK#	DEAN OLSON 711 FAIRMEDOW WEBSTER CITY IOWA 50595		50 ⁰⁰	
10/24/02	ID# CK#	ELDON LOWARY 1302 321ST STREET STRATFORD, IOWA		100 ⁰⁰	
10/24/02	ID# CK#	JOE SHERMAN 1201 KATHY LANE WEBSTER CITY, IOWA 50595		50 ⁰⁰	
11/12/02	ID# CK#	RAMONA HILD 2391 Neeley AVE WEBSTER CITY IOWA 50595		25 ⁰⁰	
11/12/02	ID# CK#	MARGARET STANK 705 WHITE POST DRIVE WEBSTER CITY, IOWA 50595		50 ⁰⁰	
1-8-03	ID# CK#	Pat merrill 1919 175th St Webster City, IA		500 ⁰⁰	

SUB-TOTAL

\$ 1100

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

HAMILTON COUNTY TAXPAYERS ASSOCIATION PAC

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/28/02	ID# CK# A	DAILY FREEMAN JOURNAL WEBSTER CITY	AD	\$ 1,066.83
10/28/02	ID# CK# B	SOUTH HAMILTON NEWS JEWELL	AD	535.50
10/31/02	ID# CK# C	TIMES CITIZEN BMM. INC. GRUNDY CENTER	PRINTING	440.00
10/31/02	ID# CK# D	POST MASTER GRUNDY CENTER	POSTAGE	1796.01
12/23/02	ID# CK# NA	FIRST AMERICAN BANK WEBSTER CITY	BANK CHARGES	96.96
1/11/03	ID# CK# E	PAT MERKILL WEBSTER CITY	RE-IMBURSEMENT AD	277.87
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 4213.17
TOTAL (if last page of this schedule)				\$ 4213.17

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

HAMILTON COUNTY TAXPAYERS ASSOC PAC

SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
1/11/03	DON DOUBTLE 3229 280th STREET DONCOMBE, IOWA 50532		CANCELLATION OF LOAN	\$ 3113.17	

SUB-TOTAL

\$

3113.17

TOTAL (If last

\$

page of this schedule)

3113.17

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)

HAMILTON County Taxpayers Assoc. PAC

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAYED
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
11/12/02	DON DOBITTLE 3229 280th STREET DUNCAN, IOWA 50532	NA	\$ 3393.34

TOTAL (PART I) \$ 3393.34

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
1/11/2003	DON DOBITTLE	NA	\$ 280.17
1/11/2003	DON DOBITTLE MADE DONATION OF	NA	3113.17

TOTAL CASH REPAYMENTS (PART II) \$ 280.17

From Schedule E -- TOTAL LOANS FORGIVEN \$ 3113.17

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3393.34

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